

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 11, 2010  
Secretary of State**

DOCUMENT# N99000003274

Entity Name: NEW SMYRNA HOLIDAY CHARITY BALL, INC.

**Current Principal Place of Business:**

BRANNON CENTER  
105 S. RIVERSIDE DR  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

BRANNON CENTER  
105 S. RIVERSIDE DR  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 59-3600229      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALKER, J. KAYE  
2428 S. GLENCOE ROAD  
NEW SMYRNA BEACH, FL 32168      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WALKER, J. KAYE  
Address: 2428 GLENCOE ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD  
Name: MONHOLLON, BOBBIE  
Address: 726 NEAL ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DT  
Name: THOMAS, CAROL  
Address: P.O. BOX 278  
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: D  
Name: GARRIQUES, BOB  
Address: 4606 VAN KLEECK  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL THOMAS

DT

03/11/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date